



CIVIL ENGINEERING, LAND PLANNING, SURVEYING, ENVIRONMENTAL SERVICES

August 9, 2011  
FEDERAL EXPRESS  
(615) 532-0987

12103c.018.doc  
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12103c.018.doc

Brian Kubiki  
State of Tennessee  
Department of Environmental and Conservation  
UST Division  
401 Church Street, 4th Floor, L & C Tower  
Nashville, TN 37243-1541

RE: Pre-Installation Notification for **Automated Underground Tank Installation**  
Costco Wholesale Retail Fueling Facility – Fuel Additive Program  
6670 Charlotte Pike, Nashville, Tennessee 37209  
Costco Loc. No. 630 / Our Job No. 12103

Dear Brian:

Barghausen Consulting Engineers, Inc. is submitting the 15-day prior notification form and the review fee of \$250 for your review and approval. The City of Nashville will not issue the Building Permit without proof that the Pre-Installation Notification has been submitted to your office.

Should you have questions or comments, please contact me at (425) 251-6222 or [ainigues@barghausen.com](mailto:ainigues@barghausen.com). Thank you for your prompt attention to this matter.

Respectfully,

M. Alexia Inigues  
Project Planner

MAI/ai/jss  
12103c.018.doc  
enc: As Noted  
cc: David H Rogers, Costco Wholesale  
John Tyler, City of Nashville  
Jay S. Grubb, Barghausen Consulting Engineers, Inc.  
John Ellingsen, Barghausen Consulting Engineers, Inc.  
Omar Vasquez, Barghausen Consulting Engineers, Inc.  
David A. Segal, Barghausen Consulting Engineers, Inc.  
Pete Bailey, Barghausen Consulting Engineers, Inc.  
Mary Weber, Barghausen Consulting Engineers, Inc.



**STATE OF TENNESSEE**  
 DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
 DIVISION OF UNDERGROUND STORAGE TANKS  
 4TH Floor, L & C Tower  
 401 Church Street  
 Nashville, TN 37243-1541

### Pre-Installation Notification for Underground Storage Tanks

**Instructions:** This form must be completed and submitted 15 days prior to beginning installation. This form will not be processed if incomplete or illegible. Type or fill out in ink, circles can be checked or filled in. Keep a copy of this form for your records.

**Payment of annual tank fees must accompany this form. Annual fee is \$250.00 per tank compartment. Make checks payable to Tennessee State Treasurer. Mail this completed form and check/money order to address above.**

Type of Facility (Division will assign Facility ID for new facilities and Owner ID for new owners after the form is received).

☐ New Facility

Facility ID: \_\_\_\_\_

☒ Pre-existing Facility

Owner ID: \_\_\_\_\_

### Tank Owner Information

Costco Wholesale

( 425 ) 313-8100

First and Last Name or Business Name Continued

Phone Number

999 Lake Drive

King

Owner's Mailing Address

County

Issaquah

Washington

City

State

drogers@costco.com

98027

Email

Zip Code

### Facility Information

Costco Gasoline

Facility Name

Purchase Date

6670 Charlotte Pike

Facility Location (i.e., Physical Address, No P.O. Box or Route #'s)

Nashville

Latitude  
Degrees Minutes Seconds

3 6 1 3 7 3 8 4

City

Longitude  
Degrees Minutes Seconds

- 8 9 8 8 2 8 6 7

TN

37209

State

Zip Code

( 615 ) 354-5100

Davidson

Phone Number for Facility

County

Lat/Long can be left blank if unknown

### Contact Person in Charge of Installation

Out to Bid

Last Name

Title

First Name

Phone Number

Date Received

Month Day Year

For Office Use Only

Date Entered

Month Day Year

Clerk Initials:

CN- 1288

Continued

RDA-2297



## TDEC — Pre-Installation Notification

\*All Tanks must have a tank Identification number and letter for each compartment.  
If tank only has one compartment the compartment letter will be A.  
Tank numbers should begin at 1 unless there were previous tanks at this facility.  
See the example to the right.

1	1	2	3
A	B	A	A

\*Circles can be checked or filled in. \*Heating oil tanks are not required to register.

Tank identification #	1					
Compartment letter A, B, C, or D	A					
Compartment Volume	1,500					
Installation Completion Date (Month/Year)	_/_	_/_	_/_	_/_	_/_	_/_
Mark if tank is manifolded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mark if tank is an emergency generator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Substance To Be Stored

Diesel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gasoline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-85	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kerosene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biodiesel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hazardous substance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other substance please specify	<input checked="" type="checkbox"/> <u>ultrazone</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Spill & Overfill Protection

Mark the type of overfill device to be installed						
Overfill Alarm	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ball Float Valves	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automatic Shut off Device	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mark if spill device will be installed	<input checked="" type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## TDEC — Pre-Installation Notification

Tank identification #	1					
Compartment letter A, B, C, or D	A					

### Tank (Mark All That Are Planned)

Double Walled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material of Construction						
StiP3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass or Urethane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Piping (Mark All That Are Planned)

Double Walled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Type						
Suction: no valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material of Construction						
Fiberglass Reinforced Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flex Pipe Brand Type	_____	_____	_____	_____	_____	_____
Installation Year of Flex Piping	____ ____	____ ____	____ ____	____ ____	____ ____	____ ____
Mark if meets the UL 971 7/1/2005 standard (nonmetallic Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Tank Owner's Signature

I certify all information provided in this document is true to the best of my belief and knowledge.

Barchausen Consulting Engineers, Inc., Alexia Iniques, Project Planner  
 \_\_\_\_\_  
 Print Name or Company Name

*Agent*

\_\_\_\_\_  
 Signature

August 9, 2011  
 \_\_\_\_\_  
 Date





January 12, 2012  
PRIORITY FEDERAL EXPRESS  
(404) 562-9457

Mr. Bill Truman  
United State EPA – Region 4  
GW/DW – 15th Floor  
61 Forsyth Street  
Atlanta, GA 30303

RE: Notification for Underground Storage Tanks for **Automated UST Installation**  
Costco Wholesale Retail Fueling Facilities – Fuel Additive Program  
Costco Loc. No. 352: 2431 North Germantown, Cordova, Tennessee 38016  
Costco Loc. No. 386: 98 Seaboard Lane, Brentwood, Tennessee 37027  
Costco Loc. No. 353: 3775 Hacks Cross Road, Memphis, Tennessee 38125  
Costco Loc. No. 630: 6770 Charlotte Pike, Nashville, Tennessee 37209

Dear Mr. Truman:

On behalf of Costco Wholesale, Barghausen Consulting Engineers, Inc. is submitting the Environmental Protection Agency Notification for Underground Storage Tanks for the referenced locations. Enclosed is the Insurance Endorsement information for your records.

Should you have any questions or comments, please contact me at (425) 251-6222 or [ainigues@barghausen.com](mailto:ainigues@barghausen.com). Thank you for your prompt attention to this matter.

Respectfully,

M. Alexia Inigues  
Project Planner

MAI/jss  
10910c.015.doc  
enc: As Noted  
cc: David H Rogers, Costco Wholesale  
Jay S. Grubb, Barghausen Consulting Engineers, Inc.  
John Ellingsen, Barghausen Consulting Engineers, Inc.  
Omar Vasquez, Barghausen Consulting Engineers, Inc.  
Pete Bailey, Barghausen Consulting Engineers, Inc.  
Mary Weber, Barghausen Consulting Engineers, Inc.



February 21, 2011


RE: Agent Authorization for Barghausen Consulting Engineers, Inc.  
Costco Fuel Additive Program  
Costco Gasoline

To Whom It May Concern:

Costco Wholesale Corp., hereby authorizes Barghausen Consulting Engineers, Inc. and their designated personnel under their employment to act on our behalf for the purposes of processing all land use entitlement and development permit related documents where Costco Wholesale is the legal property owner of record in any district within the United States and Canada. Work may also include representation at entitlement hearings or planning meetings for design review and similar services.

Please call me at (425) 427-7554 should you have any questions on this matter.

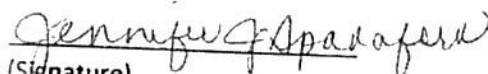
Respectfully,

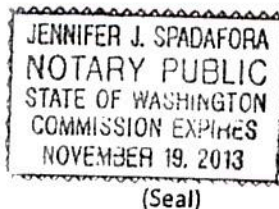
  
David H. Rogers  
Director of Real Estate Development

DROGERS@COSTCO.COM  
(425) 313-8100

NOTARY

On this 21st day of February, 2011, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn personally appeared David Rogers known to me to be the duly authorized representative of Costco Wholesale, the corporation that executed the foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said corporation, for the purposes therein mentioned, and on oath stated that he was authorized to execute said instrument. WITNESS my hand and official seal hereto affixed the day and year in the certificate above written.

  
(Signature)  
Jennifer J Spadafora  
(Printed Name)



NOTARY PUBLIC in and for the State of Washington residing at Issaquah, WA

My commission expires: 11-19-2013

MLW[6213c.064-Authorized Agent.doc]

enc: None





CIVIL ENGINEERING, LAND PLANNING, SURVEYING, ENVIRONMENTAL SERVICES

January 26, 2012  
PRIORITY FEDERAL EXPRESS  
(404) 562-9457

Mr. Bill Truman  
United State EPA – Region 4  
GW/DW – 15th Floor  
61 Forsyth Street  
Atlanta, GA 30303

RE: Revised Notification for Underground Storage Tanks for **Automated UST Installation**  
Costco Wholesale Retail Fueling Facilities – Fuel Additive Program  
Costco Loc. No. 352: 2431 North Germantown, Cordova, Tennessee 38016  
Costco Loc. No. 386: 98 Seaboard Lane, Brentwood, Tennessee 37027  
Costco Loc. No. 353: 3775 Hacks Cross Road, Memphis, Tennessee 38125  
Costco Loc. No. 630: 6770 Charlotte Pike, Nashville, Tennessee 37209

Dear Mr. Truman:

On behalf of Costco Wholesale, Barghausen Consulting Engineers, Inc. is submitting the revised Environmental Protection Agency Notification for Underground Storage Tanks for the referenced locations. Enclosed is the Insurance Endorsement information for your records.

Should you have any questions or comments, please contact me at (425) 251-6222 or [ainiques@barghausen.com](mailto:ainiques@barghausen.com). Thank you for your prompt attention to this matter.

Respectfully,

M. Alexia Inigues  
Project Planner

MAI/jss

10911c.018.doc

enc: As Noted

cc: David H Rogers, Costco Wholesale  
Jay S. Grubb, Barghausen Consulting Engineers, Inc.  
John Ellingsen, Barghausen Consulting Engineers, Inc.  
Omar Vasquez, Barghausen Consulting Engineers, Inc.  
Pete Bailey, Barghausen Consulting Engineers, Inc.  
Mary Weber, Barghausen Consulting Engineers, Inc.



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
NASHVILLE ENVIRONMENTAL FIELD OFFICE

711 R.S. Gass Blvd  
Nashville, Tennessee 37243  
STATEWIDE 1-888-891-8332

(615) 687-7000

FAX (615) 687-7078

February 23, 2015

Dennis Bock  
Costco Wholesale Corporation  
PO Box 35005  
Seattle WA 98124

RE: Confirmation of Compliance Inspection Appointment  
Costco Gasoline #630  
6670 Charlotte Pike, Nashville  
Facility ID # 5-191824, Davidson County

Dear Mr. Bock:

This letter is to confirm that personnel with the Division of Underground Storage Tanks (Division) will conduct a compliance inspection at the referenced facility on **March 17, 2015 at 10:00** as discussed by phone on February 23, 2015. This inspection is to ensure compliance with the Tennessee Petroleum Underground Storage Tank Act (UST Act) and implementing rules. These inspections are also required at least once every three years to comply with the requirements of the U.S. Environmental Protection Agency (EPA) for Tennessee's EPA-authorized petroleum underground storage tank program (Section 1523 of the Federal Energy Policy Act of 2005).

In order to conduct a complete and accurate audit, certain records must be available. Enclosed is a checklist of the records and items which the inspector will need to review during the inspection. The date of the inspection is considered to be the compliance deadline therefore these records must be available at the facility during the inspection. If violations are found, then substantial civil penalties may be assessed.

A company representative must be at the facility to open dispenser covers, well covers, manways and other inspection ports. This representative must also be knowledgeable of the underground storage tank equipment and its operation.

If you have any questions about this letter, please do not hesitate to contact me at (615) 687-7058.

Sincerely,

*Tonya Spence Casson*

Tonya Spence Casson  
Environmental Scientist  
Division of Underground Storage Tanks

Enclosure: Checklist

c: NEFO Compliance File # 5-191824  
FO-030/tsc/519182402.2315



Tennessee Department of Environment and Conservation

Division of Underground Storage Tanks

Telephone Conversation Log - Inspection Scheduling

Date: 02/23/2015

To: Facility Name: Cutsie Amelene LLC  
Facility ID#: 3-111324  
Owner: Vision Wholesale Corporation  
Contact Name: Dennis Beck  
Phone Number: (423) 437-7155

From: Tonya Spence Casson

Subject: UST Compliance Inspection Scheduling

1. Was Owner/Operator or Representative contacted? ☒ Yes ☐ No

2. Was a Compliance Inspection scheduled? ☒ Yes ☐ No

Date of scheduled inspection: March 17, 2015

Time of scheduled inspection: 10:00

3. On-site contact that will be assisting with the inspection: \_\_\_\_\_  
On-site contact phone number: \_\_\_\_\_

4. Fully explained requirement of Owner/Operator responsibility to provide full access to UST system components and to have complete understanding of all UST system components? ☒ Yes ☐ No

If No, why? \_\_\_\_\_

5. Fully explained the recommendation that the Owner/Operator contact a service provider for assistance with the inspection, before and after? ☒ Yes ☐ No

If No, why? \_\_\_\_\_

Comments:

02/23/2015 @ 11:26 - left message for return call

03/23/2015 @ 1:23 P/ Dennis Beck, scheduled inspection  
email copy of TC-130 please DBECK@costco.com



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
NASHVILLE ENVIRONMENTAL FIELD OFFICE

711 R.S. Gass Blvd  
Nashville, Tennessee 37243  
STATEWIDE 1-888-891-8332

(615) 687-7000

FAX (615) 687-7078

March 24, 2015

Dennis Bock  
Costco Wholesale Corporation  
PO Box 35005  
Seattle WA 98124

Re: Results of Compliance Inspection - No Violations Discovered  
Costco Gasoline #630  
6670 Charlotte Pike, Nashville  
Facility ID # 5-191824, Davidson County

Dear Mr. Bock:

On March 17, 2015 an inspection was performed at the referenced facility. The Division of Underground Storage Tanks appreciates your cooperation with the inspection process that we must complete together to ensure compliance with the Tennessee Petroleum Underground Storage Tank Act (UST Act) and implementing rules. These inspections are also required at least once every three years to comply with the requirements of the U.S. Environmental Protection Agency (EPA) for Tennessee's EPA-authorized petroleum underground storage tank program (Section 1523 of the Federal Energy Policy Act of 2005). No violations of the Tennessee Petroleum Underground Storage Tank regulations related to the items reviewed during the inspection were discovered.

The Division is always committed to working with tank owners in a respectful, positive, and cooperative manner to help maintain compliance and reach our common goal of safely storing petroleum in the State of Tennessee. We thank you for the effort you've made to protect our natural resources because leaking tanks can contaminate Tennessee's drinking water or cause significant safety hazards and the cost to clean up even small leaks can be very high.

If you have any questions about this letter, please do not hesitate to call me at (615) 687-7058.

Sincerely,

*Tonya Spence Casson*

Tonya Spence Casson  
Environmental Scientist  
Division of Underground Storage Tanks

c: NEFO Compliance File # 5-191824  
FO-037/tsc/519182403.2415





STATE OF TENNESSEE  
DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF UNDERGROUND STORAGE TANKS  
William R. Snodgrass Tennessee Tower  
312 Rosa L. Parks Avenue, 12th Floor  
Nashville, Tennessee 37243

**UST OPERATIONS INSPECTION**

**FACILITY ID #** 5 - 191324

Date: Mo 02 / Day 17 / Yr 2008

**OWNER ID #** \_\_\_\_\_

**I. FACILITY INFORMATION**

Facility Name: Costco Gasoline #4444

Owner Name: Costco Wholesale Corporation

Address: 6610 Charlotte Pike  
Nashville TN 37209

Owner Address: PO Box 33005  
Seattle WA 98124

Facility Phone #: ( )

Phone #: ( )

Latitude:

Longitude:

Is certificate information correct? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, complete and submit an Amended Notification Form.

Are all regulated tanks registered? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, notify UST Notification Section.

**TANK INFORMATION:** Note: Complete for each tank

1. Tank Number (1, 2, 3, etc.) If compartmentalized, use A, B, C, etc. to designate.	Tank	Tank	Tank	Tank	Tank
	1A	2A	3A		
2. Product Stored (gasoline, diesel, kerosene, etc.)	Gas	Gas	Gas		
3. Capacity (In gallons)	30,000	30,000	30,000		
4. Installation Date:	03/2006	03/2006	03/2006		
5. Tank Construction Material: Indicate Fiberglass (FG), Steel (ST), Composite (Comp), Other (specify)	FG	FG	FG		
6. Tank Status: Indicate CIU, TOS, POS, Exempt, Not Reported (If necessary, complete Schedule L)	CIU	CIU	CIU		
7. Method of Release Detection For Tank: See *Note and Complete Appropriate Schedule	ATG <sup>IM</sup>	ATG <sup>IM</sup>	ATG <sup>IM</sup>		
8. Type of Corrosion Protection Installed: Indicate Sacrificial Anodes (SA), Impressed Current (IC), Lined Interior (LI), Not Required (NR), or None. Complete Schedule B if corrosion protection required.	NR	NR	NR		
9. Spill Prevention Device Installed: (Yes, No, or NR)	YES	YES	YES		
10. Type of Overfill Prevention Device Installed: Indicate Automatic Shutoff (Auto), Flow Restriction Device (FR), Alarm, Not Required (NR), or None. Complete Schedule C if spill/ overfill required.	FR <sub>a</sub> Alarm	FR <sub>a</sub> Alarm	FR <sub>a</sub> Alarm		
11. Piping Type: Indicate Pressure (P), U.S. Suction (US), Safe Suction (SS), Gravity Feed (Grav). (Complete Schedule C)	P	P	P		
12. Method of Release Detection for Piping: See *Note and Complete Schedule C	UDDET	UDDET	UDDET		
13. Piping Construction Material: Indicate Fiberglass (FG), Steel (ST), Flex Plastic (FP), Other (Specify)	FG	FG	FG		

Inspector's Signature: Janya Spruce Chason

Inspector's Initials: TSC

Tank Owner or Agent Signature:

Title:

Date:

**\* Note:** Leak Detection Abbreviations and Schedules: Manual Tank Gauging (MTG- Sch G), Inventory Control and Tank Tightness Testing (IC-TT- Sch E), Statistical Inventory Reconciliation (SIR- Sch F), Automatic Tank Gauging (ATG- Sch D), Vapor Monitoring (VPM- Sch H), Groundwater Monitoring (GWM- Sch I), Interstitial Monitoring and/or Secondary Containment (INTM- Sch J)

CN-0983 (Rev. 9-06)

Schedule A

RDA 2304

Monthly Spill Bucket Inspection Log ☒

Quarterly Dispenser Inspection Log ☒

Class C Operator posting/manual ☒

**TANK UPGRADING & CORROSION PROTECTION**FACILITY ID # 5-191804**TANK UPGRADING**1. Was tank integrity properly assessed prior to upgrading? (Yes or No)  
(Use Notes to note any deficiencies)

2. Is tank owner using monthly monitoring after upgrading? (Yes or No)

**CATHODIC PROTECTION (CP) TANKS AND PIPING**

Tank Number

Tank

Tank

Tank

Tank

Tank

3. Is CP system Sacrificial Anodes (SA), Impressed Current (IC), or Lined Interior (LI)?  
(Lined Interior used for tanks only)

Tank

Tank

Tank

Tank

Tank

Piping

Piping

Piping

Piping

Piping

4. Indicate date corrosion protection system was installed:

5. Date and result of most recent CP system test. (Indicate Pass (P) or Fail (F).)

6. Date and result of prior 3-year CP system test. (Indicate Pass (P) or Fail (F).)

7. Are the results of the last three IC system inspections available? (Yes or No)

8. If flex connectors or swing joints are installed, are they adequately protected from corrosion? (Yes or No)  
If Yes, complete question 9.

9. Kind of corrosion protection in use or has CP testing been done?

All flex in performed tanks

**INTERIOR TANK LINING**

10. Date of internal lining installation:

11. Was tank shell structurally sound prior to installation of lining? (Yes or No)

12. Was tank tightness test performed after installation of lining? (Yes or No)

13. Date and result of periodic internal tank inspection:

Notes:

Inspector's Signature:

Amiya Spence Carson

Date: 03/17/2015



PIPING LEAK DETECTION		FACILITY ID # 5 - 191834			
Tank Number	Tank 1A	Tank 2A	Tank 3A	Tank	Tank
<b>SECTION A- PRESSURIZED PIPING</b>					
1. Release Detection Method for Piping (See Note on Schedule A)	LD/TT	LD/TT	LD/TT		
2. Line Leak Detectors:					
a. Are Line Leak Detectors Mechanical (M) or Electronic (E)?	E	E	E		
b. Date and result of annual LLD test (or functional test for ELLD)	08/07/14 P	08/07/14 P	08/07/14 P		
3. Line Tightness Test:					
a. Can owner show a passing 0.2 gph ELLD result each month?	YES	YES	YES		
b. Date and result of last annual line tightness test, if required.	08/07/14 P	08/07/14 P	08/07/14 P		
4. Do release detection records indicate a suspected release? (Yes or No)	NO	NO	NO		
5. If yes, were all suspected releases properly investigated? (If Yes, include info in Notes section.)	NR	NR	NR		
<b>SECTION B- SUCTION PIPING</b>					
6. Type of Suction Piping: Indicate (Safe) or (U.S.)					
7. Method of Release Detection for Piping, if required. (See Note on Schedule A)					
8. Date and results of last triennial line tightness tests, if required.					
<b>SPILL &amp; OVERFILL PREVENTION</b>					
9. Are tanks equipped with spill containment devices? (Yes or No)	YES	YES	YES		
10. Are tanks equipped with overfill prevention devices? (Yes or No)	YES	YES	YES		
11. Type of Overfill: Automatic Shutoff (Auto), Flow restriction (FR), or Alarm?	FR Alarm	FR Alarm	FR Alarm		
12. If by Alarm, is Alarm functional? (Yes or No)	YES	YES	YES		
13. Is the Alarm visible and/or audible to the delivery driver? (Yes or No)	Audible	Audible	Audible		
Notes:					
Inspector's Signature: <i>Jenya Spruce (Misson)</i>				Date: 03/17/2015	

**INTERSTITIAL MONITORING**FACILITY ID # 5-19824**MONITORING METHOD**

Tank Number	Tank	Tank	Tank	Tank	Tank
1. Electronic (E), Manual (M)	<u>E</u>	<u>E</u>	<u>E</u>		
2. Type of Monitoring Device: Visual (Vis), Liquid Phase (Liq), Vacuum (Vac)	<u>Liq</u>	<u>Liq</u>	<u>Liq</u>		
3. Frequency: Indicate: Continuous (C), or Monthly (M)	<u>C</u>	<u>C</u>	<u>C</u>		
4. Are previous 12 months of monthly monitoring records available? (Yes or No)	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>		

**DOUBLE WALL TANK/ PIPING**

5. Annular Area Contents- Vacuum (Vac), Air (A), or Saline Solution (SS)	<u>A</u>	<u>A</u>	<u>A</u>		
--	----------	----------	----------	--	--

**INTERNAL BLADDER / EXTERNAL BARRIER (Geo Liner)**

6. Is secondary barrier an artificial material? (Yes or No) If Yes, type of liner: _____					
7. Is an internal liner used in tank(s) (Yes or No)					
8. Is monitoring method Automatic (A) or Manual (M)?					

**SUMP SENSORS / OTHER METHODS**

9. Can the owner demonstrate that sump sensors will provide positive shutoff to the pump? Yes \_\_\_\_\_ No X
10. Is the system designed to allow product to flow to sensor location? Yes X No \_\_\_\_\_
11. Can the owner document that manufacturer's recommendations for sensor testing / replacement are being followed? Yes X No \_\_\_\_\_
12. Does the system have automatic line leak detection in addition to sump sensors? Yes X No \_\_\_\_\_
13. Has the other method been third-party certified? (Describe method in Notes below) Yes \_\_\_\_\_ No NR
14. Do monthly monitoring records indicate a suspected release? (If Yes, include information in Notes section.) Yes \_\_\_\_\_ No X
15. Can owner/operator provide documentation that all suspected releases have been investigated? Yes \_\_\_\_\_ No NR  
(If Yes, include information in Notes section.)

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector's Signature: Angela Spencer Pearson Date: 05/17/2015



## NOTES:

Reg 1 - Contained STP sk - All in OK - High in STP  
 Sample sk - OK - FG tank - FG piping  
 Popped sk - STP sk - Straight sk - IM sk

Reg 2 - Contained STP sk - All in OK - High in STP  
 Sample sk - OK - FG tank - FG piping  
 Popped sk - STP sk - Straight sk - IM sk

Prem - Contained STP sk - Small amount of liquid  
 Sample sk - STP sk - STP sample sk - LLD -  
 FG tank - FG piping - Popped sk - STP sk -  
 Straight sk - IM sk

11/12 - Contained sample sk - Small sk - Dried sk - Anchor sk

9/10 - Dried

11/8 - Dried

5/10 - Dried

3/11 - Dried

1/2 - Dried

Alarm is audible

Needle - Red - TIS - BSR

All functions Normal

Int'l/Line sk

All Lines sk

Arrived in Test 08/07/2014 - Pass

1) Months Service Status

2) Months Alarm History

EPA Project ID TN 5191824080415Facility Name Costco # 630**United States Environmental Protection Agency****Region 4**AFC, 61 Forsyth Street, SW  
Atlanta, Georgia 30303-8960{ ICIS # 26000038455  
entered 8/24/15added  
8/24/15

FACILITY NAME: Costco # 630  
FACILITY LOCATION: Nashville, TN  
PROJECT ID NUMBER: TN 5191824080415  
LEAD INSPECTOR: Aaryn Jones

**UNDERGROUND STORAGE TANK (UST) INSPECTION LOGBOOK**Book 1 of 1Inclusive Dates: 8/4/15 -

List of personnel in logbook:

Name	Initials	Duties	Organization
Aaryn Jones	ADJ	Env. officer	EPA R4

# Generic Site Safety Plan

UST/LUST, COMPLIANCE AND ENFORCEMENT BRANCH, RCR DIVISION

## Project ID Number (Underground Storage Tank (UST) State ID#):

Facility Name: Costco #630	Contact: Costco #630 Javier Onteberos AM 8/4/15
Address: 6670 Charlotte Pike Nashville, TN 37209	
Phone Number:	Proposed Work Date:
Description of Work: To perform an UST compliance inspection pursuant to RCRA 9003 and 40 C.F.R. Part 280. The UST inspection activity will consist of manually opening and lifting submersible tank pump (STP) man-way, fill port and dispenser covers. Other UST equipment to be inspected will consist of an automatic tank gauge; rectifier and possibly audible/visible alarm systems used for overfill prevention. A UST record review will be conducted within the facility office.	

## Site Status:

Active <input checked="" type="checkbox"/>	Inactive <input type="checkbox"/>	Unknown <input type="checkbox"/>
--	-----------------------------------	----------------------------------

## Emergency Phone Numbers/Information:

Your Section Chief William E. Truman	Nat Response Center 800-424-8802
EPA Emergency Response 404 562-8700	Poison Control Center 800-282-5846
Regional Safety Officer Christopher Jones 404 562-8267	Local Emergency (Police/Fire)
Medical Facility (Nearest Hospital) Name and Phone Number: Address:	St. Thomas West 4220 Harding Pike (615) 222-2111 Nashville, TN 37205

## Potential Hazards: JHA

## Reference JHA RCRA #0001 Job Hazard Analysis (JHA)

Information listed below is designed to supplement and amend the referenced JHA.

Describe Potential Hazards Chemicals of Concern (COC)	Likely-hood	Relative Risk	Identify Controls
Uthazol (Uthazol)	yes	low	gloves

## Personal Protective Equipment (PPE):

Describe any PPE you will bring, including monitoring equipment (Refer to PPE Section in the JHA RCRA #0001): Steel-toed shoes, slacks (no jeans), EPA insignia shirt, reflective vest, weather appropriate clothing, gloves (heavy and chemical resistant), ear plugs or muffs, safety glasses, knee pads, hard hat (if appropriate for the facility). Other equipment: traffic safety cones, flashlight, inspection mirror, steel grappling hook, first-aid kit, screw drivers, sockets, water and petroleum finding paste, steel tape and/or wooden tank gauge stick, dispensers access keys, etc.
--



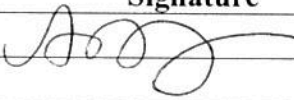
**NOTE: Potential Hazards May Include:**

Toxic Chemicals	X	Heat/Cold Stress	X	Driving	X
Flammable Chemicals	X	Slip/Trip/Falls	X	Overexertion	
Corrosive Chemicals		Weather		Lifting heavy objects	X
Explosive Chemical Reactions		Visibility		Noise	
Electrical Hazards		Heat/Cold Stress	X	Other (Indicate)	
Mechanical Hazards		Traffic	X		

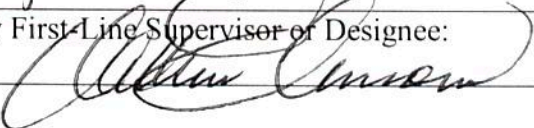
**Prevention:** All site safety procedures shall be followed. Areas with potential exposure to chemical, physical and explosive hazards shall be avoided, if possible. Avoid entry into permit required confined spaces. Avoid any situations which may place you in a hazardous environment beyond your equipped level of protection (PPE Level A, B, C or D).

**Signature Sheet:**

*I have read and understood the Work Control Plan (Job Hazard Analysis and Site Safety Plan) for the noted job/task/activity, and its operational controls. I affirm that I am working safely in accordance to those controls and that I am in compliance with my safety training, medical surveillance, and other safety certification requirements for this activity.*


Print Name	Signature	Date
Aaryn Jones		8/4/15

**Plan Preparation:**

Prepared by: Aaryn Jones	8/4/15
Reviewed/Approved by First-Line Supervisor or Designee: 	8/4/15

**Supervisory Review:**

*The purpose of the supervisory review is to document compliance with EPA Order 3500.1. These employees participating in this activity are in compliance with their Safety Training requirements, Basic Inspector Curriculum, and for ensuring quality compliance.*

First-line Supervisor 	8/4/15
---	--------

# UST Inspection Checklist

LAT:

LONG:

DATE:

## I. Ownership of Tank(s)

☐ Tribal

Owner Name:

Costco Wholesale Corp.

Street Address

999 Lake Dr.

County

N/A

City

Issaquah

State

WA

Zip Code

98027

Phone Number

Owner Contact Person

Dennis Boek

A Operator: Javier Ontiberos

7/29/12

B Operator: Javier Ontiberos

8/2/12

## II. Location of Tank(s)

☐ same as owner location (I.)

Facility Name or Company Site identifier, as applicable

Costco Gasoline #630

Street Address or State Road, as applicable

6670 Charlotte Pike

County

City (nearest)

Nashville

State

TN

Zip Code

37209

Contact Person(s) at Facility

Phone Number

Javier Ontiberos 615-353-1227

C Operator: Javier Ontiberos

8/2/12

also ~40 operator cert. of training forms  
for reg. employees

## III. Notification

☐ Notification to implementing agency; name

State Facility ID # 5191824

TREC

## IV. Financial Responsibility

☐ State Fund

☐ Guarantee ☐ Surety Bond ☐ Letter of Credit ☐ Self Insured

☐ Local Government ☐ Not Required (Federal & State government, hazardous substance USTs)

☒ Private Insurance: Insurer/Policy # AIG exp. 7/1/16 added  
PS14245447 8/5/14

## V. Release History

☐ Evidence of release or spills at facility ☐ Greater than 25 gallons (estimate)

☐ Releases reported to implementing agency; if so, date(s) [280.53]

☐ Release confirmed; when and how

☐ Initial abatement measures and site characterization ☐ Free product removal

☐ Soil or ground water contamination ☐ Corrective action plan submitted

☐ Remediation ongoing ☐ Remediation completed, no further action; date(s)

☒ Unknown

## Comments/Recommendations:

<b>VI. Tank Information</b>		4					
Tank presently in use		yes					
If not, date last used (see Section IX.)		N/A					
If empty, verify 1" or less left (see Section IX.)		N/A					
M/Y Tank installed (mm/dd/yr)		11/ 11					
Material of Construction : bare steel, CP steel, composite, FRP, etc internal liner, excavation liner double-walled (DW)		DW FRP					
Capacity of Tank (gal)		1500					
Substance stored:		lubricol					
E-15, E85 labeling correct: Y <input type="checkbox"/> N <input type="checkbox"/>		(ultra)					

<b>VII. Piping Information</b>							
Piping Type	Pressurized	yes					
	Suction	no					
Piping Material: FRP, steel, flex, etc. Secondary containment (SC), Double-walled (DW)		DW FRP					
Tank or piping properly designed and constructed according to a code of practice developed by a nationally recognized association or independent testing laboratory [280.20(a), 280.20(b)] Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>							

<b>VIII. Repairs</b> N/A <input checked="" type="checkbox"/>	
Repairs are conducted according to a code of practice [280.33(a)] Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>	
Metal piping sections/fittings that are damaged and have released product are replaced [280.33(c)] Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>	
Repaired tanks and piping are tightness tested within 30 days of repair completion (except when internal inspection conducted or monthly monitoring is conducted) [280.33(d)] Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>	
CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system [280.33(e)] Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>	
Records of repairs are maintained [280.33(f)] Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>	

<b>IX. Temporary Closure</b> N/A <input checked="" type="checkbox"/>	
CP is continued to be maintained [280.70(a)] Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>	
Release detection is being performed and UST system contains product [280.70(a)] Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <input type="checkbox"/>	

<b>Comments/Recommendations:</b>	



**X. Corrosion Protection (CP)** ☒ Components constructed of non-corrosive materials, e.g., FRP, dielectric coatings, plastic, etc.

[280.20(a)(1), 280.20(a)(3), 280.20(a)(5), 280.20(b)(1), 280.20(b)(4)]

Records by corrosion expert to document that CP is not necessary [280.20(a)(4)(ii), 280.20(b)(3)(ii)] Y ☐ N ☐ Unknown ☐ N/A ☐

Steel tank or piping coated with suitable dielectric material and cathodically protected [280.20(a)(2)(i), 280.20(b)(2)(i)] Y ☐ N ☐ Unknown ☐

Field-installed CP system designed by a corrosion expert [280.20(a)(2)(ii), 280.20(b)(2)(ii)] Y ☐ N ☐ Unknown ☐ N/A ☐

CP system tested and documentation maintained every three years or a time frame established by implementing agency [280.31(b)(1), 280.31(d)(2)] Y ☐ N ☐ Unknown ☐

Criteria used to determine that CP is adequate was in accordance with a standard code of practice developed by a nationally recognized association [280.31(b)(2)] Y ☐ N ☐ Unknown ☐

CP system did not meet acceptable criteria at last test and action was taken by owner/operator to correct problem [280.31(b)(2)] Y ☐ N ☐ Unknown ☐ N/A ☐

Lining: [280.21(b)] N/A ☐

Periodic lining inspection requirements for tank met [280.21(b)(1)(ii)] N/A ☐

Documentation that lining was installed

[280.21 (b) (1) (i)] Shell integrity tested? N/A ☐

Sacrificial Anode: N/A ☐

Date of last two 3 yr test results available?

Last 3 yr test results show a voltage of at least -850mV? Y or N

Impressed Current: N/A ☐

CP system operated and maintained continuously. [280.31(a)]  
Date of last two 3 yr test results available?

CP inspected and documentation maintained every 60 days to ensure equipment is running properly.

[280.31(c)] Last three test results available? Y or N

UST system components isolated/protected? Y or N

**Comments/Recommendations:**

**XI. Spill and Overfill Protection** [280.21(d)] Indicate any USTs filled by transfers < 25 gallons☐ For transfers greater than 25 gallons**Spill Prevention:****Device is present and functional?** [280.20(c)(1)(i)]

Spill bucket free of water, debris, etc.

**Overfill Prevention:****Device is present and operational?** [280.20(c)(1)(ii)]Ball float valve **Operational:** [280.20(c)(1)(ii)(B)]☐ Unknown Not suitable on a suction system!Flapper valve **Operational:** [280.20(c)(1)(ii)(B)]Automatic shutoff: **Operational:** [280.20(c)(1)(ii)(A)]Alarms **Operational:** [280.20(c)(1)(ii)(B)]

Visible and/or audible to jobber/driver? Location?

Failure to take necessary precautions to prevent a spill or overfill during product delivery [280.30(a)] Y ☐ N ☐ Unknown ☐**Piping and Tank Leak Detection**Release detection present [280.40(a)] Y ☐ N ☐ N/A ☐ Deferred [280.10(d)] Emergency Generator -Tank(s) # \_\_\_\_\_Release detection system operating properly (i.e., system must be able to detect a release from any portion of the tank and piping that routinely contains product) [(280.40(a)(1))] Y ☐ N ☐Release detection system meets the performance requirements at 280.43 or 280.44 [(280.40(a)(3))] Y ☐ N ☐ Unknown ☐Implementing agency has been notified of a suspected release as required, or when a release detection method or device alarms or fails a test [(280.40(b))] Y ☐ N ☐ Unknown ☐ N/A ☐Tanks and piping are monitored monthly for releases and records available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [280.41(a), and 280.45(b)] Y ☐ N ☐ Unknown ☐Meets performance requirements for tank and line tightness test and maintains records.[280.43(c), 280.44(b), and 280.45(b)] Y ☐ N ☐ Unknown ☐Hazardous Substance UST Systems: N/A ☐Release detection requirements are complied with for UST systems containing product. [(280.42)(b)] Y ☐ N ☐ Unknown ☐

Tanks and all piping systems equipped with secondary containment

Pressurized piping w/ ALLD

Monitored for a release every 30 days

**Comments/Recommendations:**

**Pressurized Piping**

TWO METHODS MUST BE SELECTED; ONE FROM EACH SET.

SET 1

Tank No.

Automatic Line Leak Detector (ALLD) installed  
(give date last tested/checked)

MUD

Annual test of the operation of the leak detector within last 12 months  
[280.44(a)]

8/7/14

\* In accordance with the manufacturer's requirements

Operating so as to alert the operator to the presence of a leak (see

280.44(a) for description of ALLD) [280.44(a)]

Unknown ☐

Automatic Shut-off Device

(Electronic line leak detector (ELLD))

N/A ☐

No

Continuous Alarm System (sump sensor/double-walled piping) N/A

☒

Must meet leak threshold for large and small releases

yes

SET 2

Annual Line Tightness Testing

8/7/14

Vapor Monitoring

Interstitial Monitoring

yes

Ground Water Monitoring

Other (SIR, etc.)

**Suction Piping**

Indicate date of most recent test

Line Tightness Testing (required every 3 yr)

Vapor Monitoring

Secondary Containment with Interstitial Monitoring

Ground-Water Monitoring

Other

**No Leak Detection Required (must answer yes to all of the following questions):**

Operates at less than atmospheric pressure

Has only one check valve which is located directly under pump (dispenser)

Slope of piping allows product to drain back into tank when suction released

**Comments/Recommendations:**

Tanknology- LD &amp; LTT 800-800-4633

Tanknology =&gt; 8/4/15 performed LD &amp; LTT, was unable to do ATG probe test, had difficulty. Brian Schwarz



## Tank Release Detection

(refer to appropriate detailed RD form) **APPENDICES A-G**

Tightness Testing and Inventory Control						
Vapor Monitoring						
Interstitial Monitoring	yes					
Ground Water Monitoring						
Automatic Tank Gauging (ATG)						
Manual Tank Gauging (MTG)						
Statistical Inventory Reconciliation (SIR)						

**Comments/Recommendations:**

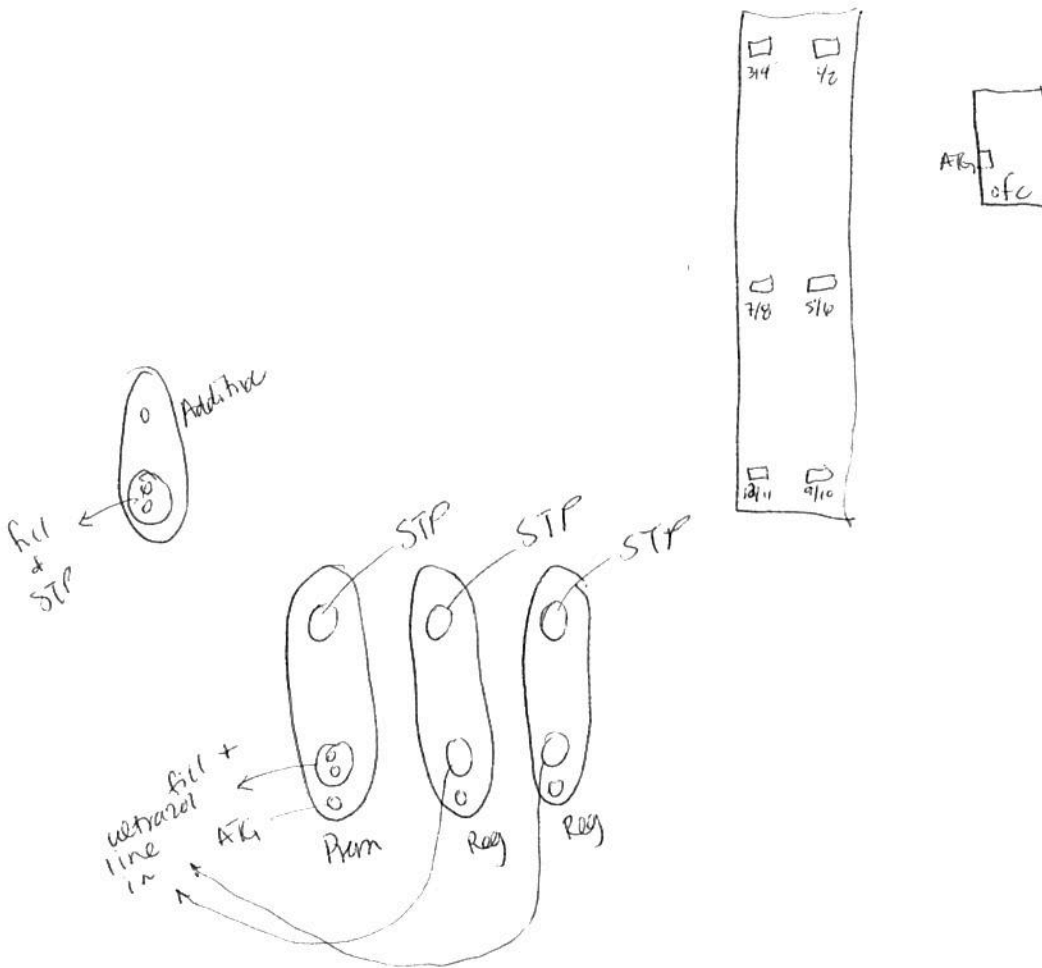
## SITE DRAWING

DATE: 8/5/15 TIME ON SITE: 8:05 TIME OFF SITE: \_\_\_\_\_

WEATHER: Sunny, humid, warm

ENVIRONMENTALLY SENSITIVE AREA: Y ☐ N ☐

If "Yes", please describe:



☐ Pictures



NOTES:



THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 4  
UST SECTION  
AFC, 61 Forsyth Street, SW  
Atlanta, Georgia 30303-8960  
404.562.9457  
FAX: 404.562.8439

## Inspector's Observation Report

Inspection of Underground Storage Tanks (USTs)

<input type="checkbox"/> No violations observed at the conclusion of this inspection.	
<input checked="" type="checkbox"/> The above named facility was inspected by a duly authorized representative of EPA Region 4, and the following are the inspector's observations and/or recommended corrective action(s):	
Violations Observed:	
Regulatory Citation	Violation Description
§	
§	
§	
§	
§	
§	
§	
§	
Actions Taken:	
<input type="checkbox"/> Field Citation; # _____ <input checked="" type="checkbox"/> Additional information required <input checked="" type="checkbox"/> Inspection Deficiency Summary/Due date <u>8/12/15</u>	
Comments/Recommendations:	
<p>- Document all ultrazoi piping <del>boots</del> are open to ultrazoi STP sump, Reg 1 fill sump, Reg 2 fill sump, + Perm fill sump</p>	
Significant Compliance:	
RD Y N	RP Y N
Name of Owner/Operator Representative:	Name of EPA Representative:
<u>JAVIER ONTIBEROS</u> (Please print)	<u>Amyr D. Jones</u> (Please print)
<u>[Signature]</u> (Signature)	<u>[Signature]</u> (Signature)
Other Participants: _____	<u>FI6790</u> (Credential Number)
_____	Date of Inspection <u>8/5/14</u> Time <u>8:05</u> <u>AM</u> /PM
_____	
_____	

**Automatic Tank Gauging (ATG)**

Manufacturer, name and model number of system:

Third-party evaluators:

☐ Unknown**NOTE: Most ATGs are not certified for use with used/waste oil tanks**

ATG checking portion of tank that routinely contains product [280.40(a)(1)]

Yes

No

Device documentation is available at site (e.g., manufacturer's brochures, owners' manual, third-party certification)

Yes

No

Checked for presence of monitoring box and evidence that device is working.

Yes

No

Checked documentation that system installed, calibrated, &amp; maintained according to manufacturer's instructions [280.40(a)(2)]    ATG must be set for 0.2 gal/hr minimum

Yes

No

Monitoring (includes inventory) and testing records are available for the past 12 months

Yes

No

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
	January						
	February						
	March						
	April						
	May						
	June						
	July						
	August						
	September						
	October						
	November						
	December						

Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)]

☐ N/A

Yes

No

**Comments/Recommendations:**



## Interstitial Monitoring for: Piping / Tank(s)

Manufacturer and name of system: <u>Veeder Root TLS-35CR</u>														
Date system installed:														
Materials used for secondary containment:														
Materials used for internal lining:														
Interstitial space is monitored (Circle one): automatically, continuously, or on a monthly basis.														
If tank is of double-walled construction, what is material of construction?														
If piping is of double-walled construction, what is material of construction?														
Documentation of monthly readings is available for last 12 months.												Yes	No	N/A
Year	Month	Tank #1	Pipe #1	Tank #2	Pipe #2	Tank #3	Pipe #3	Tank #4	Pipe #4	Tank #5	Pipe #5	Tank #6	Pipe #6	
↑	January	SN	SN											
	February	SN	SN											
	March	SN	SN											
	April	SN	SN											
	May	SN	SN											
	June	SN	SN											
2015	July	SN	SN											
2014	August	SN	SN											
↓	September	SN	SN											
	October	SN	SN											
	November	SN	SN											
	December	SN	SN											
Monitoring method is documented as capable of detecting a leak as small as .1 gal/hr with at least a 95% probability of detection and a probability of false alarm of no more than 5%.												Yes	No	N/A
System is designed to detect release from any portion of UST system that routinely contains product.												Yes	No	N/A
Secondary containment tight as to direct a release to the monitoring point and permit its detection [280.43(g)(2)]												Yes	No	N/A
Sensor is positioned correctly and operating in accordance with manufacturer's instructions [280.40(a)(2)]												Yes	No	N/A
Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)]												Yes	No	N/A
Comments/Recommendations:														

**Statistical Inventory Reconciliation (SIR)**

Designer/Manufacturer and name of program:								
Third-party evaluators:								
SIR data input: ATG <input type="checkbox"/> * Manual tank gauging (stick) G (Must follow the requirements for inventory control)								
* Monthly water level readings recorded, drop tubes present, meters calibrated, and the dipstick is marked legibly and product levels can be measured to the nearest 1/8 inch							Yes	No
SIR documentation is available at site (e.g., designer's brochures, owners' manual)							Yes	No
Owner/Operator has documentation on file verifying method meets minimum performance standards of 0.20 gph with Pd 95% and Pfa of 5% for statistical inventory reconciliation (e.g., results sheets under EPA's "Standard Test Procedures for Evaluating Leak Detection Methods").							Yes	No
SIR results are available for the past 12 months							Yes	No
SIR Test Results: P = PASS    F = FAIL    INC = Inconclusive    N=None								
Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6	
	January							
	February							
	March							
	April							
	May							
	June							
	July							
	August							
	September							
	October							
	November							
	December							
Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)] <input type="checkbox"/> N/A							Yes	No
Receiving results within a time frame established by implementing agency [280.41(a) & 280.43(h)]							Yes	No
<b>Comments/Recommendations:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>								

## Inventory Control and Tank Tightness Testing

Method of tank tightness testing:																	
Name and address of tank tightness tester:																	
Tank No.																	
Date of last tank tightness test																	
Did tank pass test?																	
Documentation of deliveries and sales balances with daily measurements of liquid volume in tank are maintained and available [280.43(a)]																	
Overages or shortages are less than 1% + 130 gal of tank's flow through volume																	
Owner/operator can explain inventory control methods and figures used and recorded														Yes	No		
Records include monthly water monitoring [280.43(a)(6)]														Yes	No		
Books are reconciled monthly [280.43(a)(1)]														Yes	No		
Appropriate calibration chart is used for calculating volume														Yes	No		
Monthly water readings are used in calculating monthly inventory balances [280.43(a)(6)]														Yes	No		
The dipstick is marked legibly and the product level can be determined to the nearest 1/8 inch [280.43(a)(2)]														Yes	No		
Drop tube present or drop tube extends to within 1 foot of tank bottom [280.43(a)(4)]														Yes	No		
Inventory control performed correctly (daily and/or monthly) [280.43(a)(1)] [280.43(a)(3)]														Yes	No		
Tank tester complied with all certification requirements [280.40(a)(3)]														Yes	No		
Tank testing conducted within specified time frame: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Piping – annual for pressurized or 3 years for suction [280.41(b)(1)(ii) and 280.41(b)(2)]</span> <span>Tanks – every 5 years [280.41(a)(1)]</span> </div>																Yes	No
Monitoring and testing are maintained and available for the past 12 months																Yes	No
Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6	Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6		
	JAN								JUL								
	FEB								AUG								
	MAR								SEP								
	APR								OCT								
	MAY								NOV								
	JUN								DEC								
Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)] <input type="checkbox"/> N/A														Yes	No		
Comments/Recommendations: <div style="border-bottom: 1px solid black; margin-top: 10px; width: 90%;"></div> <div style="border-bottom: 1px solid black; margin-top: 10px; width: 90%;"></div>																	



**Ground Water Monitoring for: Piping /Tank(s)**

[illegible]

### Vapor Monitoring for: Piping /Tank(s)

<b>Vapor Monitoring for: Piping / Tank(s)</b>																
Manufacturer and name of monitoring device:																
Date system installed:								Number of monitoring wells:								
Distance of monitoring well(s) from tank(s): (1)                  (2)                  (3)                  (4)																
										Well No.						
Well is clearly marked and secured																
Well caps are tight and constructed to prevent surface water infiltration																
Well is free of debris or has other indications that it has been recently checked																
Conforms to requirements identified by site assessment (e.g., well not designed to prevent migration of soil , and number and positioning of monitoring wells not adequate) [280.43(e)(6) & 280.43(f)(7)] Y or N G Unknown																
Wells are free of water or other interferences to vapor detection [280.43(c)(3)] Y or N																
Level of background contamination is known. If so-what is level? Y or N																
Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6	Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6	
	JAN								JUL							
	FEB								AUG							
	MAR								SEP							
	APR								OCT							
	MAY								NOV							
	JUN								DEC							
Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)] <input type="checkbox"/> N/A											Yes	No				
Comments/Recommendations:  _____  _____  _____  _____  _____  _____																

**Manual Tank Gauging (MTG)**

Manual tank gauging may be used as the sole method of leak detection only for tanks of 1,000 gal or less, or in combination with tank tightness testing for tanks 2,000 gal. or less. \* Manual tank gauging must be used in combination with tank tightness testing for tanks over 1,000 gal.

<b>Records show liquid level measurements are taken at beginning and ending of period of at least 36 hours during which no liquid is added to or removed from the tank. [280.43(b)(1)]</b>														Yes	No
Level measurements based on aver. of two consecutive stick readings at both beginning and end of period.														Yes	No
Monthly average of variation between beginning and end measurements is less than standard shown below for corresponding size and dimensions of tank and waiting time.														Yes	No
<b>Gauge stick is long enough to reach bottom of the tank. Ends of gauge stick are flat and not worn down. [280.43(b)(3)]</b>														Yes	No
<b>Gauge stick is marked legibly and product level can be determined to the nearest 1/8 inch [280.43(b)(3)]</b>														Yes	No
MTG is used as sole method of leak detection for tank.														Yes	No
MTG is used in conjunction with tank tightness testing.														Yes	No
<b>Are all tanks for which MTG is used 2,000 gal or less in capacity? [280.43(b)(5)]</b>														Yes	No

Check One:	Nominal Tank Capacity (gal)	Tank Dimensions	Monthly Standard (gal)	Minimum Test Duration
( )	550	N/A	5	36 hr
( )	551 - 1,000	N/A	7	36 hr
( )	1,000	64" diam. X 73" length	4	44 hr
( )	1,000	48" diam. X 128" length	6	58 hr
( )	1,001 - 2,000*	N/A	13	

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6	Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
	JAN								JUL						
	FEB								AUG						
	MAR								SEP						
	APR								OCT						
	MAY								NOV						
	JUN								DEC						

Are monitoring records available for the last 12 month period?														Yes	No
<b>Performing proper recording and reconciliation activities [280.43(b)(4)]</b>														Yes	No
Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)] <input type="checkbox"/> N/A														Yes	No

**Comments/Recommendations:**  


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### Compliance Documents Received Log

[illegible]

# Facility Photo Log

Camera Type: \_\_\_\_\_ Camera S/N: \_\_\_\_\_

Photo #1	Date	Time	Initials
Description: front of location			

Photo #2	Date	Time	Initials
Description: ultrazoi fill/sump			

Photo #3	Date	Time	Initials
Description: premium sump w/ ultrazoi line in			

Photo #4	Date	Time	Initials
Description: premium sump			

Photo #5	Date	Time	Initials
Description: premium sump			

Photo #6	Date	Time	Initials
Description: premium sump, close view ultrazoi boot in			

Photo #7	Date	Time	Initials
Description: prem. sump, close view ultrazoi boot in			

Photo #8	Date	Time	Initials
Description: prem. sump, close view ultrazoi boot in			

Photo #9	Date	Time	Initials
Description: prem sump, close view ultrazoi boot in.			

Photo #10	Date	Time	Initials
Description: ultrazoi sump, close view of ultrazoi, out. boot			

GPS turned on

# Facility Photo Log

Photo #11	Date	Time	Initials
Description:	ultra201 STP, closeup of ultra201 out boat.		

Photo #12	Date	Time	Initials
Description:	Reg 2		

Photo #13	Date	Time	Initials
Description:	Reg 2		

Photo #14	Date	Time	Initials
Description:	Reg 2		

Photo #15	Date	Time	Initials
Description:	Reg 2		

Photo #16	Date	Time	Initials
Description:	Reg 2		

Photo #17	Date	Time	Initials
Description:	Reg 2		

Photo #18	Date	Time	Initials
Description:			

Photo #19	Date	Time	Initials
Description:			

Photo #20	Date	Time	Initials
Description:			

Date and time will be imprinted on photo. Lat/Long retained in photo properties  
 Photos Downloaded to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Log additional photos in Notes (page 11), if needed.



# Underground Storage Tank (UST) Compliance Inspection Deficiency Summary

On 8/5/14 the United States Environmental Protection Agency conducted an underground storage tank (UST) inspection of your facility to determine compliance with the Federal Underground Storage Tank regulations, 40 C.F.R. Part 280. During the inspection, potential record-keeping deficiencies were identified. You may resolve the below-cited deficiencies by providing documentation indicating that the facility was in compliance at the time of the inspection with the items listed below. Please return the documentation within **5 business days**. **Failure to provide the requested documentation within the specified timeframe may result in the issuance of a formal information request pursuant to Section 9005 of the Resource Conservation and Recovery Act, 42 U.S.C. § 6991d.**

## Notification

- ☐ Document the notification to the state of a previously unregistered existing underground storage tank.
- ☐ Provide documentation of the notification and investigation of a suspected release to the state implementing agency per the requirements defined in 40 C.F.R. § 280.50.

## Cathodic Protection

- ☐ Document the installation or repair and testing of a cathodic protection system for unprotected piping, flex connectors, buried metallic components, etc.
- ☐ Document the installation or repair and testing of a cathodic protection system for an unprotected steel or composite UST.
- ☐ Document an internal tank lining integrity test.
- ☐ Document a field test of the cathodic protection (CP) system by a qualified protection tester to determine that the CP system adequately provides the required corrosion protection for all components as required by 40 C.F.R. § 280.31(b). (Required every 3 years following the initial testing after the CP system's installation)
- ☐ Provide documentation demonstrating that the impressed current cathodic protection system has been inspected at least every 60 days. Such documentation may be in the form of a system rectifier inspection log or other such record demonstrating compliance with 40 C.F.R. § 280.31(c). Provide the records for the months of \_\_\_\_\_.

## Release Detection

- ☐ Document product line tightness testing using an approved method for annual line leak detection.
- ☐ Document an operational integrity test (annual) on line leak detector (LLD) in accordance with the manufacturer's requirements.
- ☐ Document a tank tightness test using an approved method.
- ☐ Document an approved form of monthly release detection monitoring, e.g., statistical inventory reconciliation (SIR), automatic tank gauging (ATG), etc
- ☐ Provide the following documentation that the leak detection method has been implemented:
  - ☐ Automatic tank gauge data (e.g. CSLD, SCALD, "Leak Check").
  - ☐ Groundwater monitoring, ☐ Vapor monitoring, ☐ Inventory Control, ☐ SIR
  - ☐ Document monthly interstitial sensor/probe status data.

### Spill and Overfill Protections

- ☐ Document the installation or repair of an approved overfill prevention device(s), e.g., ball float valve, outside overfill alarm, automatic shutoff device (flapper valve), etc.
- ☐ Document the installation or repair of an approved spill prevention device(s), e.g., spill bucket, catchment basin, etc.

### Temporary/Permanent Closure

- ☐ Document placement the UST(s) in temporary out-of-service status, including documentation of the removal of all product to below one-inch, in accordance with 40 C.F.R. § 280.70.
- ☐ Document the proper permanent closure of the UST(s) in accordance with 40 C.F.R. §280.71, and any applicable state regulations.

### Financial Responsibility

- ☐ Provide documentation of financial responsibility for underground storage tank system in accordance with 40 C.F.R. 280, Subpart H.

### Other

X Document that ultrazol piping boots leading out of ultrazol STP and leading into Reg 1, Reg 2, + Premium fill sumps are open and will allow all 4 sump sensors to detect leak.

Submit all documentation to:

Aaryn Jones

United States Environmental Protection Agency  
Region 4  
Atlanta Federal Center  
Underground Storage Tank Section  
61 Forsyth Street, SW  
Atlanta, Georgia 30303-8960



# United States Environmental Protection Agency (EPA)

## Region 4

AFC, 61 Forsyth Street, SW  
Atlanta, Georgia 30303-8960

145 2600038455  
FRS 110031359973

### Underground Storage Tank (UST) Inspection Form

8/16/2012

LAT:

LONG:

DATE:

8/9/2012

<b>I. Ownership of Tank(s)</b> <input type="checkbox"/> Tribal	<b>II. Location of Tank(s)</b> <input type="checkbox"/> same as owner location (I.)
Owner Name: <u>Costco Wholesale Corp</u>	Facility Name or Company Site identifier, as applicable <u>Costco Gasoline #630</u>
Street Address <u>999 Lake Dr.</u>	Street Address or State Road, as applicable <u>6670 Charlotte Pike</u>
County	County
City <u>Issaquah</u>	City (nearest) <u>Nashville</u>
State <u>WA</u>	State <u>TN</u>
Zip Code <u>98027</u>	Zip Code <u>37209</u>
Phone Number	Contact Person(s) at Facility <u>Javier Onteberos</u>
Owner Contact Person <u>Dennis Bock</u>	Phone Number <u>615-353-1227</u>
A Operator: _____ B Operator: _____	C Operator: _____

### III. Notification

☐ Notification to implementing agency; name  
State Facility ID # 5191824

TDEC

### IV. Financial Responsibility

☐ State Fund ☒ Private Insurance: Insurer/Policy # Zurich (use 918015702)  
☐ Guarantee ☐ Surety Bond ☐ Letter of Credit ☐ Self Insured  
☐ Local Government ☐ Not Required (Federal & State government, hazardous substance USTs)

Effort to thru  
2-4-2013

### V. Release History

☐ Evidence of release or spills at facility ☐ Greater than 25 gallons (estimate)  
☐ Releases reported to implementing agency; if so, date(s) \_\_\_\_\_ [280.53]  
☐ Release confirmed; when and how \_\_\_\_\_  
☐ Initial abatement measures and site characterization ☐ Free product removal  
☐ Soil or ground water contamination ☐ Corrective action plan submitted  
☐ Remediation ongoing ☐ Remediation completed, no further action; date(s) \_\_\_\_\_  
☒ Unknown

### Comments/Recommendations:

Javier Onteberos - op A + B - Aug 2, 2012  
all C operators certified. 8/8/12

Ultrazol 9888 (38% xylene)



**VI. Tank Information**

Tank No.

4

Tank presently in use



If not, date last used (see Section IX.)

Yes

If empty, verify 1" or less left (see Section IX.)

M/Y Tank installed (mm/dd/yr)

11/2011

Material of Construction :  
bare steel, CP steel, composite, FRP, etc  
internal liner, excavation liner  
double-walled (DW)DW  
FRP

Capacity of Tank (gal)

1500

Substance stored:

E-15, E85 labeling correct: Y ☐ N ☐

1wbn201

**VII. Piping Information**

Piping Type

Pressurized

☒

Suction

NO

Piping Material:  
FRP, steel, flex, etc.  
Secondary containment (SC),  
Double-walled (DW)DW  
FRPTank or piping properly designed and constructed according to a code of practice developed by a nationally recognized association or independent testing laboratory [280.20(a), 280.20(b)] Y ☐ N ☐ Unknown ☐**VIII. Repairs**N/A ☒Repairs are conducted according to a code of practice [280.33(a)] Y ☐ N ☐ Unknown ☐Metal piping sections/fittings that are damaged and have released product are replaced [280.33(c)] Y ☐ N ☐ Unknown ☐Repaired tanks and piping are tightness tested within 30 days of repair completion (except when internal inspection conducted or monthly monitoring is conducted) [280.33(d)] Y ☐ N ☐ Unknown ☐CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system [280.33(e)]  
Y ☐ N ☐ Unknown ☐Records of repairs are maintained [280.33(f)] Y ☐ N ☐ Unknown ☐**IX. Temporary Closure**N/A ☒CP is continued to be maintained [280.70(a)] Y ☐ N ☐ Unknown ☐Release detection is being performed and UST system contains product [280.70(a)] Y ☐ N ☐ Unknown ☐

Comments/Recommendations:

**X. Corrosion Protection (CP)** ☒ Components constructed of non-corrosive materials, e.g., FRP, dielectric coatings, plastic, etc.  
 [280.20(a)(1), 280.20(a)(3), 280.20(a)(5), 280.20(b)(1), 280.20(b)(4)]

Records by corrosion expert to document that CP is not necessary [280.20(a)(4)(ii), 280.20(b)(3)(ii)] Y ☐ N ☐ Unknown ☐ N/A ☐

Steel tank or piping coated with suitable dielectric material and cathodically protected [280.20(a)(2)(i), 280.20(b)(2)(i)]

Y ☐ N ☐ Unknown ☐

Field-installed CP system designed by a corrosion expert [280.20(a)(2)(ii), 280.20(b)(2)(ii)] Y ☐ N ☐ Unknown ☐ N/A ☐

CP system tested and documentation maintained every three years or a time frame established by implementing agency [280.31(b)(1), 280.31(d)(2)] Y ☐ N ☐ Unknown ☐

Criteria used to determine that CP is adequate was in accordance with a standard code of practice developed by a nationally recognized association [280.31(b)(2)] Y ☐ N ☐ Unknown ☐

CP system did not meet acceptable criteria at last test and action was taken by owner/operator to correct problem [280.31(b)(2)]

Y ☐ N ☐ Unknown ☐ N/A ☐

Lining: [280.21(b)]	N/A <input type="checkbox"/>						
Periodic lining inspection requirements for tank met [280.21(b)(1)(ii)]	N/A <input type="checkbox"/>						
Documentation that lining was installed [280.21(b)(1)(i)]	Shell integrity tested? N/A <input type="checkbox"/>						
Sacrificial Anode:	N/A <input type="checkbox"/>						
Date of last two 3 yr test results available?							
Last 3 yr test results show a voltage of at least -850mV? Y or N							
Impressed Current:	N/A <input type="checkbox"/>						
CP system operated and maintained continuously. [280.31(a)]							
Date of last two 3 yr test results available?							
CP inspected and documentation maintained every 60 days to ensure equipment is running properly. [280.31(c)]	Last three test results available? Y or N						
UST system components isolated/protected? Y or N							

**XI. Spill and Overfill Protection** [280.21(d)] Indicate any USTs filled by transfers < 25 gallons

☐ For transfers greater than 25 gallons

Spill Prevention:							
Device is present and functional? [280.20(c)(1)(i)]	✓						
Spill bucket free of water, debris, etc.	✓						
Overfill Prevention:							
Device is present and operational? [280.20(c)(1)(ii)]	✓						
Ball float valve Operational: [280.20(c)(1)(ii)(B)]							
G Unknown Not suitable on a suction system!							
Flapper valve Operational: [280.20(c)(1)(ii)(B)]	✓						
Automatic shutoff: Operational: [280.20(c)(1)(ii)(A)]							
Alarms Operational: [280.20(c)(1)(ii)(B)]							
Visible and/or audible to jobber/driver? Location?							

Failure to take necessary precautions to prevent a spill or overfill during product delivery [280.30(a)] Y ☐ N ☐ Unknown ☐



## Piping and Tank Leak Detection

Release detection present [280.40(a)] ☒ Y ☐ N ☐ N/A ☐ Deferred [280.10(d)] Emergency Generator -Tank(s) # \_\_\_\_\_

Release detection system operating properly (i.e., system must be able to detect a release from any portion of the tank and piping that routinely contains product) [(280.40(a)(1))] ☒ Y ☐ N ☐ Unknown ☐

Release detection system meets the performance requirements at 280.43 or 280.44 [(280.40(a)(3))] ☒ Y ☐ N ☐ Unknown ☐

Implementing agency has been notified of a suspected release as required, or when a release detection method or device alarms or fails a test [(280.40(b))] ☐ Y ☐ N ☐ Unknown ☐ N/A ☒

Tanks and piping are monitored monthly for releases and records available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [280.41(a), and 280.45(b)] ☒ Y ☐ N ☐ Unknown ☐

Meets performance requirements for tank and line tightness test and maintains records. [280.43(c), 280.44(b), and 280.45(b)] ☒ Y ☐ N ☐ Unknown ☐

Hazardous Substance UST Systems: N/A ☐

Release detection requirements are complied with for UST systems containing product. [(280.42)(b)] ☒ Y ☐ N ☐ Unknown ☐

Tanks and all piping systems equipped with secondary containment

Pressurized piping w/ ALLD

Monitored for a release every 30 days

### Comments/Recommendations:

1st set petro sump photos / Reg T2 / sump sensor sideways + valve in boot " "

2nd set petro sump photos / Reg T1 / " " "

3rd set " " " / Prom T3 / # not sure, could not see sensor. " "

### Pressurized Piping

TWO METHODS MUST BE SELECTED; ONE FROM EACH SET.

SET 1	Tank No.						
Automatic Line Leak Detector (ALLD) installed (give date last tested/checked)	4	ALLD					
Annual test of the operation of the leak detector within last 12 months [280.44(a)] * In accordance with the manufacturer's requirements	11/28/2011	→ Technology					
Operating so as to alert the operator to the presence of a leak (see 280.44(a) for description of ALLD) [280.44(a)]	Unknown	800-800-4633 888-972-7581					
Automatic Shut-off Device (Electronic line leak detector (ELLD))	N/A <input type="checkbox"/>						
Continuous Alarm System (sump sensor/double-walled piping)	N/A <input type="checkbox"/>						
Must meet leak threshold for large and small releases							
SET 2							
Annual Line Tightness Testing	11/28/11						
Vapor Monitoring							
Interstitial Monitoring	yes						
Ground Water Monitoring							
Other (SIR, etc.)							

\* boots sealed @ petro sumps but open @ lubrizol tank.



# Interstitial Monitoring for: Piping / Tank(s)

Manufacturer and name of system: Veeva Root TLS-350R

Date system installed: 11/11

Materials used for secondary containment:

Materials used for internal lining:

Interstitial space is monitored (Circle one): automatically continuously, or on a monthly basis.

If tank is of double-walled construction, what is material of construction? FRP

If piping is of double-walled construction, what is material of construction? FRP

Documentation of monthly readings is available for last 12 months.

Documentation of monthly readings is available for last 12 months.										Yes	No	N/A	
Year	Month	Tank #1	Pipe #1	Tank #2	Pipe #2	Tank #3	Pipe #3	Tank #4	Pipe #4	Tank #5	Pipe #5	Tank #6	Pipe #6
↑	January	P	P										
	February	P	P										
	March	P	P										
	April	P	P										
	May	P	P										
	June	P	P										
2012	July	P	P										
2011	August												
↓	September												
	October												
	November	P	P										
	December	P	P										

Tanks were not online

Monitoring method is documented as capable of detecting a leak as small as .1 gal/hr with at least a 95% probability of detection and a probability of false alarm of no more than 5%.

Yes No N/A

System is designed to detect release from any portion of UST system that routinely contains product.

Yes No N/A

Secondary containment tight as to direct a release to the monitoring point and permit its detection [280.43(g)(2)]

Yes No N/A

Sensor is positioned correctly and operating in accordance with manufacturer's instructions [280.40(a)(2)]

Yes No N/A

Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)]

Yes No N/A

## Comments/Recommendations:

- recommend orienting sump sensors vertically
- recommend removal of ~~test~~ test valves from sump boots on petroleum tanks

## Automatic Tank Gauging (ATG)

Manufacturer, name and model number of system:

Third-party evaluators:

☐ Unknown

**NOTE: Most ATGs are not certified for use with used/waste oil tanks**

ATG checking portion of tank that routinely contains product [280.40(a)(1)]	Yes	No
Device documentation is available at site (e.g., manufacturer's brochures, owners' manual, third-party certification)	Yes	No
Checked for presence of monitoring box and evidence that device is working.	Yes	No
Checked documentation that system installed, calibrated, & maintained according to manufacturers instructions [280.40(a)(2)] ATG must be set for 0.2 gal/hr minimum	Yes	No
Monitoring (includes inventory) and testing records are available for the past 12 months	Yes	No

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
	January						
	February						
	March						
	April						
	May						
	June						
	July						
	August						
	September						
	October						
	November						
	December						

Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)] ☐ N/A ☐ Yes ☐ No

**Comments/Recommendations:**

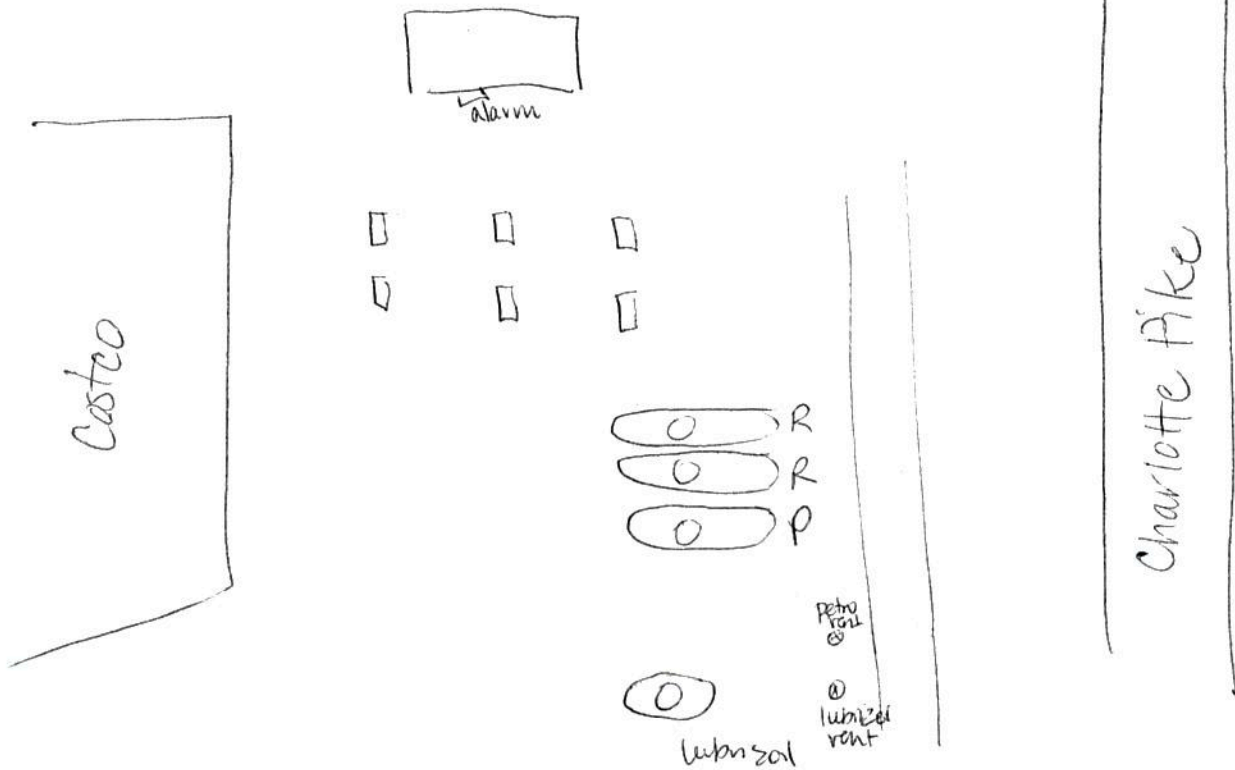
# SITE DRAWING

DATE: 8/9/12 TIME ON SITE: 1:00 TIME OFF SITE: 2:45 PM

WEATHER: 70°, sunny

ENVIRONMENTALLY SENSITIVE AREA: Y ☐ N ☐

If "Yes", please describe:



☐ Pictures





THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 4  
UST SECTION (RUST - 10)  
AFC, 61 Forsyth Street, SW  
Atlanta, Georgia 30303-8960  
404.562.  
FAX: 404.562.8439

Costco 630

## Inspector's Observation Report

Inspection of Underground Storage Tanks (USTs)

☐ No violations observed at the conclusion of this inspection.

☒ The above named facility was inspected by a duly authorized representative of EPA Region 4, and the following are the inspector's observations and/or recommended corrective action(s):

### Violations Observed:

Regulatory Citation	Violation Description
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	

### Actions Taken:

☐ Field Citation; # \_\_\_\_\_ ☐ Additional information required ☐ Inspection Deficiency Summary/Due date \_\_\_\_\_

### Comments/Recommendations:

- Recommend removal of pressure test valves from lubricol piping boots going into the petroleum tanks.
- Recommend orienting sump sensors vertically in petroleum sumps.

### Significant Compliance:

RD RP  
Y N Y N

Name of Owner/Operator Representative:

Jawica Ontiveros

(Please print)

Jawica Ontiveros

(Signature)

Other Participants: Wanda Jennings

Joe Armstrong

Name of EPA Representative:

Aaryn Jones

(Please print)

Aaryn Jones

(Signature)

F14320

(Credential Number)

Date of Inspection 8/9/12 Time 1:00 AM/PM

**Suction Piping**

Indicate date of most recent test

Line Tightness Testing (required every 3 yr)						
Vapor Monitoring						
Secondary Containment with Interstitial Monitoring						
Ground-Water Monitoring						
Other						
<b>No Leak Detection Required (must answer yes to all of the following questions):</b>						
Operates at less than atmospheric pressure						
Has only one check valve which is located directly under pump (dispenser)						
Slope of piping allows product to drain back into tank when suction released						

**Tank Release Detection**

(refer to appropriate detailed RD form)

Tightness Testing and Inventory Control						
Vapor Monitoring						
Interstitial Monitoring	yes					
Ground Water Monitoring						
Automatic Tank Gauging (ATG)						
Manual Tank Gauging (MTG)						
Statistical Inventory Reconciliation (SIR)						

**Comments/Recommendations:**





United States  
**Environmental Protection Agency - Region 4**  
 61 Forsyth Street, GW/DW - 15th Floor, Atlanta, Georgia 30303

Form Approved.  
 OMB No.2050-0068

### Notification for Underground Storage Tanks

State Agency Name and Address:

#### STATE USE ONLY

ID NUMBER:

DATE RECEIVED:

DATE ENTERED INTO COMPUTER:

DATA ENTRY CLERK INITIALS:

OWNER WAS CONTACTED TO CLARIFY RESPONSES, COMMENTS:

#### TYPE OF NOTIFICATION

☐ A. NEW FACILITY

☒ B. AMENDED

☐ C. CLOSURE

4 Number of tanks  
at facility

Number of continuation sheets attached

#### INSTRUCTIONS AND GENERAL INFORMATION

Please type or print in ink. Also, be sure you have signatures in ink for sections VIII and XI. Complete a notification form for each location containing underground storage tanks. If more than 5 tanks are owned at this location, you may photocopy pages 3 through 5 and use them for additional tanks.

The primary purpose of this notification program is to locate and evaluate underground storage tank systems (USTs) that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection.

**Federal law requires UST owners to use this notification form for all USTs storing regulated substances that are brought into use after May 8, 1986, or USTs in the ground as of May 8, 1986 that have stored regulated substances at any time since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.**

**Who Must Notify?** Section 9002 of RCRA, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify designated State or local agencies of the existence of their USTs. "Owner" is defined as:

- In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances; or
- In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation.

Also, if the State so requires, any facility that has made any changes to facility information or UST system status, must submit a notification form (only amended information needs to be included).

**What USTs Are Included?** An UST system is defined as any one or combination of tanks that (1) is used to contain an accumulation of regulated substances, and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Regulated USTs store petroleum or hazardous substances (see the following "What Substances Are Covered").

#### What Tanks Are Excluded From Notification?

- Tanks removed from the ground before May 8, 1986;
- Farm or residential tanks of 1,100 gallons or less capacity storing motor fuel for noncommercial purposes;
- Tanks storing heating oil for use on the premises where stored;
- Septic tanks;
- Pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
- Surface impoundments, pits, ponds, or lagoons;
- Storm water or waste water collection systems;
- Flow-through process tanks;
- Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- Tanks on or above the floor of underground areas, such as basements or tunnels;
- Tanks with a capacity of 110 gallons or less.

**What Substances Are Covered?** The notification requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute). Hazardous substances are those found in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA.

**Where To Notify?** Send completed forms to:

**When To Notify?** 1. Owners of USTs in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring USTs into use after May 8, 1986, must notify within 30 days of bringing the UST into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.

**Penalties:** Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$11,000 for each tank for which notification is not given or for which false information is given.

#### I. OWNERSHIP OF UST(s)

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Costco Wholesale

Street Address

ATTN: Licensing, Lisa Simpson  
 P.O. Box 35005

County King

City

Seattle

State

WA

Zip Code

98124-3405

Phone Number (Include Area Code)

(425) 313-6275

#### II. LOCATION OF UST(s)

If required by State, give the geographic location of USTs by degrees, minutes, and seconds. Example: Latitude 42° 36' 12" N, Longitude 85° 24' 17" W

Latitude 36.134934 Longitude -86.887472

Facility Name or Company Site Identifier, as applicable

Costco Gasoline (Loc. No. 630)

Q If address is the same as in Section I, check the box and proceed to section III.  
 If address is different, enter address below:

Street Address

6770 Charlotte Pike

County

City

Nashville

State

TN

Zip Code

37209

Docket No. 790951





United States  
**Environmental Protection Agency**  
Washington, DC 20460

Form Approved.  
OMB No.2050-0068

**Notification for Underground Storage Tanks**

**III. TYPE OF OWNER**

- ☐ Federal Government  
☐ State Government ☒ Commercial  
☐ Local Government ☐ Private

**IV. INDIAN COUNTRY**

USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries. ☐

USTs are owned by a Native American nation or tribe. ☐

Tribe or Nation where USTs are located:

**V. TYPE OF FACILITY**

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Gas Station | <input type="checkbox"/> Railroad               | <input type="checkbox"/> Trucking/Transport    |
| <input type="checkbox"/> Petroleum Distributor  | <input type="checkbox"/> Federal - Non-Military | <input type="checkbox"/> Utilities             |
| <input type="checkbox"/> Air Taxi (Airline)     | <input type="checkbox"/> Federal - Military     | <input type="checkbox"/> Residential           |
| <input type="checkbox"/> Aircraft Owner         | <input type="checkbox"/> Industrial             | <input type="checkbox"/> Farm                  |
| <input type="checkbox"/> Auto Dealership        | <input type="checkbox"/> Contractor             | <input type="checkbox"/> Other (Explain) _____ |

**VI. CONTACT PERSON IN CHARGE OF TANKS**

Name: Dennis Bock	Job Title: Env. Compliance Manager	Address: 999 Lake Drive Issaquah, WA 98027	Phone Number (Include Area Code): (425) 313-8100
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**VII. FINANCIAL RESPONSIBILITY**

☒ I have met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanisms:

Check All that Apply

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Self Insurance                  | <input type="checkbox"/> Guarantee        | <input type="checkbox"/> State Funds                        |
| <input checked="" type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Surety Bond      | <input type="checkbox"/> Trust Fund                         |
| <input type="checkbox"/> Risk Retention Group            | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Other Method (describe here) _____ |
| <input type="checkbox"/> Local Government Financial Test | <input type="checkbox"/> Bond Rating Test |   |

**VIII. CERTIFICATION (Read and sign after completing ALL SECTIONS of this notification form)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through XI of this notification form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)  Peter Kahn LIM KATZ	Signature  	Date Signed  1/23/12
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**Paperwork Reduction Act Notice**

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Director, OP, Regulatory Information Division (2137), U.S. Environmental Protection Agency, 401 M Street Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.



### Notification for Underground Storage Tanks

#### IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for all tanks and piping at this location.)

Tank Identification Number	Tank No. _____	Tank No. _____	Tank No. _____	Tank No. <u>4</u>	Tank No. _____
<b>1. Status of Tank</b> (check only one) Currently In Use Temporarily Closed Permanently Closed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>2. Date of Installation</b> (month/year)				Nov-2011	
<b>3. Estimated Total Capacity</b> (gallons)				1,500	
<b>4. Material of Construction</b> (check all that apply) Asphalt Coated or Bare Steel Cathodically Protected Steel Coated and Cathodically Protected Steel Composite (Steel Clad with Fiberglass) Fiberglass Reinforced Plastic Lined Interior Excavation Liner Double Walled Polyethylene Tank Jacket Concrete Unknown If Other, please specify here  Check box if tank has ever been repaired	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
<b>5. Piping Material</b> (check all that apply) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Copper Cathodically Protected Double Walled Secondary Containment Unknown Other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  
<b>6. Piping Type</b> "Safe" Suction (no valve at tank) (Check all that apply) "U.S." Suction (valve at tank) Pressure Gravity Feed Check box if piping has ever been repaired	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



United States  
**Environmental Protection Agency**  
 Washington, DC 20460

Form Approved.  
 OMB No.2050-0068

**Notification for Underground Storage Tanks**

Tank Identification Number	Tank No. _____		Tank No. _____		Tank No. _____		Tank No. 4		Tank No. _____	
<b>7. Substance Currently Stored (or last stored in the case of closed tanks)</b> ( Check all that apply) Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Gasohol <input type="checkbox"/> Kerosene <input type="checkbox"/> Heating Oil <input type="checkbox"/> Used Oil <input type="checkbox"/> If Other, please specify here _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixture of Substances Please specify here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Release Detection (check all that apply)</b> Manual tank gauging <input type="checkbox"/> Tank tightness testing <input type="checkbox"/> Inventory Control <input type="checkbox"/> Automatic tank gauging <input type="checkbox"/> Vapor monitoring <input type="checkbox"/> Groundwater monitoring <input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Automatic line leak detectors <input type="checkbox"/> Line tightness testing <input type="checkbox"/> No release detection required (such as some types of suction piping, emergency generator tanks or field constructed tanks) <input type="checkbox"/> Other method allowed by implementing agency (such as SIR) <input type="checkbox"/> Please specify other method here _____	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE	TANK	PIPE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							





United States  
Environmental Protection Agency  
Washington, DC 20460

Form Approved  
OMB No.2050-0068

Notification for Underground Storage Tanks

Tank Identification Number

Tank No. \_\_\_\_\_

Tank No. \_\_\_\_\_

Tank No. \_\_\_\_\_

Tank No. 4 \_\_\_\_\_

Tank No. \_\_\_\_\_

X. CLOSURE OR CHANGE IN SERVICE

1. Closure or Change in Service

Estimated date the UST was last used for storing regulated substances (month/day/year)

Check box if this is a change in service

☐☐☐☐☐

N/A

2. Tank Closure

Estimated date tank closed (month/day/year)

(check all that apply below)

Tank was removed from ground

Tank was closed in ground

Tank filled with inert material

Describe the inert fill material here

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

N/A

3. Site Assessment

Check box if the site assessment was completed

Check box if evidence of a leak was detected

☐☐☐☐☐☐☐☐☐☐

XI. CERTIFICATION OF INSTALLATION (COMPLETE FOR UST SYSTEMS INSTALLED AFTER DECEMBER 22, 1988)

Installer Of Tank And Piping Must Check All That Apply:

Installer certified by tank and piping manufacturers

Installer certified or licensed by the implementing agency

Installation inspected by a registered engineer

Installation inspected and approved by implementing agency

Manufacturer's installation checklists have been completed

Another method allowed by State agency  
If so, please specify here

☐☐☐☒☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☒☐☐☐☐☐☐

Signature of UST Installer Certifying Proper Installation of UST System

Donnie Green  
Name  
Construction Manager  
Position

[Signature]  
Signature  
DACS & FALC  
Company

1/18/2012  
Date



United States  
**Environmental Protection Agency - Region 4**  
61 Forsyth Street, GW/DW - 15th Floor, Atlanta, Georgia 30303

Form Approved.  
OMB No. 2050-0068

**Notification for Underground Storage Tanks**

State Agency Name and Address:

**STATE USE ONLY**

ID NUMBER:

DATE RECEIVED:

DATE ENTERED INTO COMPUTER:

DATA ENTRY CLERK INITIALS:

OWNER WAS CONTACTED TO CLARIFY RESPONSES, COMMENTS:

**TYPE OF NOTIFICATION**

☐ A. NEW FACILITY

☒ B. AMENDED

☐ C. CLOSURE

4 Number of tanks  
at facility

\_\_\_\_ Number of continuation sheets attached

**INSTRUCTIONS AND GENERAL INFORMATION**

Please type or print in ink. Also, be sure you have signatures in ink for sections VIII and XI. Complete a notification form for each location containing underground storage tanks. If more than 5 tanks are owned at this location, you may photocopy pages 3 through 5 and use them for additional tanks.

The primary purpose of this notification program is to locate and evaluate underground storage tank systems (USTs) that store or have stored petroleum or hazardous substances. The information you provide will be based on reasonably available records, or in the absence of such records, your knowledge or recollection.

**Federal law requires UST owners to use this notification form for all USTs storing regulated substances that are brought into use after May 8, 1986, or USTs in the ground as of May 8, 1986 that have stored regulated substances at any time since January 1, 1974. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act (RCRA), as amended.**

**Who Must Notify?** Section 9002 of RCRA, as amended, requires owners of USTs that store regulated substances (unless exempted) to notify designated State or local agencies of the existence of their USTs. "Owner" is defined as:

- In the case of an UST in use on November 8, 1984, or brought into use after that date, any person who owns an UST used for storage, use, or dispensing of regulated substances; or
- In the case of an UST in use before November 8, 1984, but no longer in use on that date, any person who owned the UST immediately before its discontinuation.

Also, if the State so requires, any facility that has made any changes to facility information or UST system status, must submit a notification form (only amended information needs to be included).

**What USTs Are Included?** An UST system is defined as any one or combination of tanks that (1) is used to contain an accumulation of regulated substances, and (2) whose volume (including connected underground piping) is 10% or more beneath the ground. Regulated USTs store petroleum or hazardous substances (see the following "What Substances Are Covered").

**What Tanks Are Excluded From Notification?**

- Tanks removed from the ground before May 8, 1986;
- Farm or residential tanks of 1,100 gallons or less capacity storing motor fuel for noncommercial purposes;
- Tanks storing heating oil for use on the premises where stored;
- Septic tanks;
- Pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws;
- Surface impoundments, pits, ponds, or lagoons;
- Storm water or waste water collection systems;
- Flow-through process tanks;
- Liquid traps or associated gathering lines directly related to oil or gas production and gathering operations;
- Tanks on or above the floor of underground areas, such as basements or tunnels;
- Tanks with a capacity of 110 gallons or less.

**What Substances Are Covered?** The notification requirements apply to USTs containing petroleum or certain hazardous substances. Petroleum includes gasoline, used oil, diesel fuel, crude oil or any fraction thereof which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute). Hazardous substances are those found in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA.

**Where To Notify?** Send completed forms to:

**When To Notify?** 1. Owners of USTs in use or that have been taken out of operation after January 1, 1974, but still in the ground, must notify by May 8, 1986. 2. Owners who bring USTs into use after May 8, 1986, must notify within 30 days of bringing the UST into use. 3. If the State requires notification of any amendments to facility, send information to State agency immediately.

**Penalties:** Any owner who knowingly fails to notify or submits false information shall be subject to a civil penalty not to exceed \$11,000 for each tank for which notification is not given or for which false information is given.

**I. OWNERSHIP OF UST(s)**

Owner Name (Corporation, Individual, Public Agency, or Other Entity)

Costco Wholesale

Street Address

ATTN: Licensing, Lisa Simpson  
P.O. Box 35005

County King

City

Seattle

State

WA

Zip Code

98124-3405

Phone Number (Include Area Code)

(425) 313-6275

**II. LOCATION OF UST(s)**

If required by State, give the geographic location of USTs by degrees, minutes, and seconds. Example: Latitude 42° 36' 12" N, Longitude 85° 24' 17" W

Latitude 36.134934 Longitude -86.887472

Facility Name or Company Site Identifier, as applicable

Costco Gasoline (Loc. No. 620)

**Q** If address is the same as in Section I, check the box and proceed to section III.  
If address is different, enter address below:

Street Address

6770 Charlotte Pike

County

City

Nashville

State

TN

Zip Code

37209





United States  
Environmental Protection Agency  
Washington, DC 20460

Form Approved  
OMB No.2050-0068

### Notification for Underground Storage Tanks

#### III. TYPE OF OWNER

- ☐ Federal Government  
☐ State Government ☒ Commercial  
☐ Local Government ☐ Private

#### IV. INDIAN COUNTRY

USTs are located on land within an Indian Reservation or on trust lands outside reservation boundaries. ☐  
USTs are owned by a Native American nation or tribe. ☐

Tribe or Nation where USTs are located:

#### V. TYPE OF FACILITY

- ☒ Gas Station  
☐ Petroleum Distributor  
☐ Air Taxi (Airline)  
☐ Aircraft Owner  
☐ Auto Dealership  
☐ Railroad  
☐ Federal - Non-Military  
☐ Federal - Military  
☐ Industrial  
☐ Contractor  
☐ Trucking/Transport  
☐ Utilities  
☐ Residential  
☐ Farm  
☐ Other (Explain) \_\_\_\_\_

#### VI. CONTACT PERSON IN CHARGE OF TANKS

Name: Dennis Bock	Job Title: Env. Compliance Manager	Address: 999 Lake Drive Issaquah, WA 98027	Phone Number (Include Area Code): (425) 313-8100
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#### VII. FINANCIAL RESPONSIBILITY

☒ I have met the financial responsibility requirements (in accordance with 40 CFR Subpart H) by using the following mechanisms:  
Check All that Apply

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Self Insurance                  | <input type="checkbox"/> Guarantee        | <input type="checkbox"/> State Funds                  |
| <input checked="" type="checkbox"/> Commercial Insurance | <input type="checkbox"/> Surety Bond      | <input type="checkbox"/> Trust Fund                   |
| <input type="checkbox"/> Risk Retention Group            | <input type="checkbox"/> Letter of Credit | <input type="checkbox"/> Other Method (describe here) |
| <input type="checkbox"/> Local Government Financial Test | <input type="checkbox"/> Bond Rating Test |   |

#### VIII. CERTIFICATION (Read and sign after completing ALL SECTIONS of this notification form)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections I through XI of this notification form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner or owner's authorized representative (Print)

Signature

Date Signed

David H Rogers  
Director of Real Estate Development

*[Signature]*

1/12/12

#### Paperwork Reduction Act Notice

EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Director, OP, Regulatory Information Division (2137), U.S. Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.

EPA Form 7530-1 (Rev. 9-98) Electronic and paper versions acceptable.  
Previous editions may be used while supplies last.





Notification for Underground Storage Tanks

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for all tanks and piping at this location.)

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>	Tank No. _____
1. Status of Tank (check only one) Currently In Use Temporarily Closed Permanently Closed	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Date of Installation (month/year)					
3. Estimated Total Capacity (gallons)					
4. Material of Construction (check all that apply) Asphalt Coated or Bare Steel Cathodically Protected Steel Coated and Cathodically Protected Steel Composite (Steel Clad with Fiberglass) Fiberglass Reinforced Plastic Lined Interior Excavation Liner Double Walled Polyethylene Tank Jacket Concrete Unknown If Other, please specify here  Check box if tank has ever been repaired	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/>
5. Piping Material (check all that apply) Bare Steel Galvanized Steel Fiberglass Reinforced Plastic Copper Cathodically Protected Double Walled Secondary Containment Unknown Other, please specify	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  
6. Piping Type (Check all that apply) "Safe" Suction (no valve at tank) "U.S." Suction (valve at tank) Pressure Gravity Feed Check box if piping has ever been repaired	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



United States  
Environmental Protection Agency  
Washington, DC 20460

Form Approved  
OMB No.2050-0068

Notification for Underground Storage Tanks

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>	Tank No. _____					
<b>7. Substance Currently Stored (or last stored in the case of closed tanks)</b> ( Check all that apply )										
Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
If Other, please specify here	_____	_____	_____	<u>Fuel Additive</u>	_____					
Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
CERCLA name and/or	_____	_____	_____	_____	_____					
CAS number	_____	_____	_____	_____	_____					
Mixture of Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Please specify here	_____	_____	_____	_____	_____					
_____	_____	_____	_____	_____	_____					
_____	_____	_____	_____	_____	_____					
<b>8. Release Detection</b> (check all that apply)	<b>TANK</b>	<b>PIPE</b>	<b>TANK</b>	<b>PIPE</b>	<b>TANK</b>	<b>PIPE</b>	<b>TANK</b>	<b>PIPE</b>	<b>TANK</b>	<b>PIPE</b>
Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inventory Control	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstitial monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic line leak detectors		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
No release detection required (such as some types of suction piping, emergency generator tanks or field constructed tanks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other method allowed by implementing agency (such as SIR)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Please specify other method here	_____		_____		_____		_____		_____	
_____	_____		_____		_____		_____		_____	
<b>9. Spill and Overfill Protection</b>										
Overfill device installed	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Spill device installed	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	



United States  
Environmental Protection Agency  
Washington, DC 20460

Form Approved  
OMB No. 2050-0068

Notification for Underground Storage Tanks

Tank Identification Number

Tank No. \_\_\_\_\_

Tank No. \_\_\_\_\_

Tank No. \_\_\_\_\_

Tank No. \_\_\_\_\_

Tank No. \_\_\_\_\_

X. CLOSURE OR CHANGE IN SERVICE

1. Closure or Change in Service

Estimated date the UST was last used for storing regulated substances (month/day/year)

Check box if this is a change in service

☐☐☐☐☐

2. Tank Closure

Estimated date tank closed (month/day/year)

(check all that apply below)

Tank was removed from ground

☐☐☐☐☐

Tank was closed in ground

☐☐☐☐☐

Tank filled with inert material

☐☐☐☐☐

Describe the inert fill material here

3. Site Assessment

Check box if the site assessment was completed

☐☐☐☐☐

Check box if evidence of a leak was detected

☐☐☐☐☐

XI. CERTIFICATION OF INSTALLATION (COMPLETE FOR UST SYSTEMS INSTALLED AFTER DECEMBER 22, 1988)

Installer Of Tank And Piping Must Check All That Apply:

Installer certified by tank and piping manufacturers

☒☐☐☒☐

Installer certified or licensed by the implementing agency

☐☐☐☒☐

Installation inspected by a registered engineer

☐☐☐☐☐

Installation inspected and approved by implementing agency

☐☐☐☒☐

Manufacturer's installation checklists have been completed

☐☐☐☒☐

Another method allowed by State agency  
If so, please specify here

☐☐☐☐☐

Signature of UST Installer Certifying Proper Installation of UST System

Donna Green  
Name  
Construction Manager  
Position

Donna Green  
Signature  
Donna Green LLC  
Company

1/10/2012  
Date





**RE: Ultrazol Tanks in Tennessee (BCE #12103, BCE #6976, BCE #10911, and BCE #10910 (Costco Loc. Nos. 353, 352, 630 and 386))**

Mary Weber to: Bill Truman

01/17/2012 04:51 PM

Cc: David Rogers, Mallory Miller, WG Smith, John Ellingsen, Jay Grubb, John Ellingsen, Alexia Inigues, File

Mr. Truman: I am working on correcting the Notification forms, as discussed with you today. I have highlighted the areas on the form that were not completed sufficiently and am having the contractor correct the Notifications and return them to my attention. I will immediately send the pdf's of the signed and modified notifications to you. Should you have any questions, please call me. My direct line is 425-656-7440. Thank you.

-----Original Message-----

From: David Rogers [mailto:drogers@costco.com]

Sent: Tuesday, January 17, 2012 10:29 AM

To: 'Bill Truman'

Cc: Mallory Miller; WG Smith; John Ellingsen; Mary Weber

Subject: RE: Ultrazol Tanks in Tennessee

Mr. Truman,

A representative from Barghausen will be contacting you to resolve this matter.

Regards,

David H Rogers

Director of Real Estate Development

Costco Wholesale

\* - (425) 427-7554

\* - drogers@costco.com

P

Do you really have to print this email? Think environment!

-----Original Message-----

From: Bill Truman [mailto:Truman.Bill@epamail.epa.gov]

Sent: Tuesday, January 17, 2012 6:26 AM

To: David Rogers

Cc: Mallory Miller; WG Smith

Subject: RE: Ultrazol Tanks in Tennessee

Mr. Rogers,

We are in receipt of the four Tennessee Costco facility notification forms. Unfortunately, we have found them to be incomplete or in some cases in error. In the next 30 days, I hope to be able to have an EPA inspector conduct inspections at all those sites. Until we determine the actual configuration of the USTs, information on the notification forms submitted by Barghausen on some of the forms would indicate a violation of 40 CFR Part 280 for hazardous substance USTs.

Please contact me if you have any questions or concerns.

Regards,

Bill Truman, Chief  
UST Section  
EPA Region 4  
61 Forsyth Street  
Atlanta, Georgia 30303-8960  
(404)562-9457  
(404)386-8907 (Cell)  
Fax: (404)562-8439

From: David Rogers <drovers@costco.com>  
To: Bill Truman/R4/USEPA/US@EPA  
Cc: WG Smith/R4/USEPA/US@EPA, Mary Weber  
<mweber@barghausen.com>, Alexia Inigues  
<ainigues@barghausen.com>, 'John Ellingsen'  
<jellingsen@barghausen.com>  
Date: 01/12/2012 03:48 PM  
Subject: RE: Ultrazol Tanks in Tennessee

Mr. Truman,

I signed the forms today and Barghausen is processing them. You should received them soon. Let me know if you haven't by early next week.

Regards,

David H Rogers  
Director of Real Estate Development  
Costco Wholesale  
\*- (425) 427-7554  
\* - drogers@costco.com

P

Do you really have to print this email? Think environment!

-----Original Message-----

From: Bill Truman [mailto:Truman.Bill@epamail.epa.gov]  
Sent: Wednesday, January 11, 2012 8:02 AM  
To: David Rogers  
Cc: WG Smith  
Subject: Ultrazol Tanks in Tennessee

Dear Mr. Rogers,

I am Bill Truman, the Regional Program Manager for the Underground Storage Tank Program in EPA Region 4 (southeastern US). It has recently come to our attention that several Costco facilities in Tennessee have installed fuel additive (ultrazol) tanks. We have a unique situation with TN, in that we regulate all the hazardous substance tanks, whereas most states regulate hazardous substance tanks along with the petroleum tanks. Since ultrazol has a large component of xylene, EPA considers it a hazardous substance, and the tanks would need to be registered with EPA R4. We have had communications with Barghausen Consulting on several occasions regarding the notification for

the tanks, but have had no success. Owners and/or operators of regulated underground storage tanks (USTs) are required to notify the implementing agency within 30 days of the USTs going into service. Barghausen has informed us through email that the UST at Costco #386 was put into service on 11/23/2011.

If this is the case, then Costco is in violation of notification (CFR 280.22(a)).

I have enclosed a copy of a blank notification form that should be used for all ultrazol USTs owned or operated by Costco in TN. I have also enclosed additional information regarding operator training.

Should you have any questions or concerns, please contact me.

Sincerely,

Bill Truman, Chief  
UST Section  
EPA Region 4  
61 Forsyth Street  
Atlanta, Georgia 30303-8960  
(404)562-9457  
(404)386-8907 (Cell)  
Fax: (404)562-8439

(See attached file: TN OT Statement.doc) (See attached file: tanknotificationRegion4.pdf)